

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		10/913015	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND. DEP. IND. DEP. IND. DEP.			
1	1	1	1	1	1	51	51	51	
2	1	1	1	1	1	52	52	52	
3	1	1	1	1	1	53	53	53	
4	2	2	2	2	2	54	54	54	
5	1	1	1	1	1	55	55	55	
6	1	1	1	1	1	56	56	56	
7	1	1	1	1	1	57	57	57	
8	1	1	1	1	1	58	58	58	
9	1	1	1	1	1	59	59	59	
10	1	1	1	1	1	60	60	60	
11	1	1	1	1	1	61	61	61	
12	1	1	1	1	1	62	62	62	
13	1	1	1	1	1	63	63	63	
14	1	1	1	1	1	64	64	64	
15	1	1	1	1	1	65	65	65	
16	1	1	1	1	1	66	66	66	
17	1	1	1	1	1	67	67	67	
18	1	1	1	1	1	68	68	68	
19	1	1	1	1	1	69	69	69	
20	1	1	1	1	1	70	70	70	
21	1	1	1	1	1	71	71	71	
22	1	1	1	1	1	72	72	72	
23	1	1	1	1	1	73	73	73	
24	1	1	1	1	1	74	74	74	
25	1	1	1	1	1	75	75	75	
26	1	1	1	1	1	76	76	76	
27	1	1	1	1	1	77	77	77	
28	1	1	1	1	1	78	78	78	
29	1	1	1	1	1	79	79	79	
30	1	1	1	1	1	80	80	80	
31	1	1	1	1	1	81	81	81	
32	1	1	1	1	1	82	82	82	
33	1	1	1	1	1	83	83	83	
34	1	1	1	1	1	84	84	84	
35	1	1	1	1	1	85	85	85	
36	1	1	1	1	1	86	86	86	
37	1	1	1	1	1	87	87	87	
38	1	1	1	1	1	88	88	88	
39	1	1	1	1	1	89	89	89	
40	1	1	1	1	1	90	90	90	
41	1	1	1	1	1	91	91	91	
42	1	1	1	1	1	92	92	92	
43	1	1	1	1	1	93	93	93	
44	1	1	1	1	1	94	94	94	
45	1	1	1	1	1	95	95	95	
46	1	1	1	1	1	96	96	96	
47	1	1	1	1	1	97	97	97	
48	1	1	1	1	1	98	98	98	
49	1	1	1	1	1	99	99	99	
50	1	1	1	1	1	100	100	100	
TAL	3	1	1	1	1	TOTAL IND.	TOTAL IND.	TOTAL IND.	
TAL	2	1	1	1	1	TOTAL DEP.	TOTAL DEP.	TOTAL DEP.	
TAL	2	1	1	1	1	TOTAL CLAIMS	TOTAL CLAIMS	TOTAL CLAIMS	